

RANCHO ESTATES MUTUAL WATER COMPANY
P.O. BOX 177 • PAUMA VALLEY, CA 92061
(760) 742-3704

TYPE OF DEVICE _____
 MAKE OF DEVICE _____
 SIZE _____ MODEL NO. _____
 SERIAL NUMBER _____

FIELD TESTING & MAINTENANCE REPORT FORM (bftestfm.doc)
(This section for District use)
 ACCT. NO. _____ SERIAL NO. _____
 METER NO. _____ SIZE _____
 LOCATION OF DEVICE _____

TESTER NAME _____ COUNTY OF S.D. CERTIFICATION NUMBER _____
 TEST KIT SERIAL NO. _____ CALIBRATION DATE _____ TYPE _____

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
INITIAL TEST	1. CLOSED TIGHT <input type="checkbox"/> RP _____ PSID	1. CLOSED TIGHT <input type="checkbox"/> RP _____ PSID	OPENED AT _____ PSID	AIR INLET OPENED AT _____ PSID
	2. LEAKED <input type="checkbox"/>	2. LEAKED <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> CLEANED SENSING	CHECK VALVE HELD AT _____ PSID
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	LINE(S) <input type="checkbox"/>	LEAKED <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	REPLACED:	CLEANED <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	DISC	REPLACED:
	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	UPPER <input type="checkbox"/>	AIR INLET
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	LOWER <input type="checkbox"/>	DISC <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SPRING <input type="checkbox"/>	CHECK DISC <input type="checkbox"/>
	DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM	AIR LINLET
	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	LARGE:	SPRING <input type="checkbox"/>
	DESCRIBE: _____	DESCRIBE: _____	UPPER <input type="checkbox"/>	CHECK SPRING <input type="checkbox"/>
APPARENT _____		LOWER <input type="checkbox"/>	OTHER <input type="checkbox"/>	
ACTUAL _____		SMALL <input type="checkbox"/>	DESCRIBE: _____	
		SEAT		
		UPPER <input type="checkbox"/>		
		LOWER <input type="checkbox"/>		
		SPACER		
		LOWER <input type="checkbox"/>		
		OTHER <input type="checkbox"/>		
		DESCRIBE: _____		
FINAL TEST	RP _____ PSID CLOSED TIGHT <input type="checkbox"/>	RP _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID REDUCED PRESSURE	AIR INLET _____ PSID CHECK VALVE _____ PSID

IF REPAIRS -
 TEST AFTER REPAIRS: PASSED _____ FAILED _____

Date Test Passed _____ Time of Day _____
 Weather Conditions _____
 Line Pressure _____ P.S.I.

TESTERS FIRM _____
 ADDRESS _____
 CITY _____
 TELEPHONE _____
 I CERTIFY THE ABOVE DATA TO BE CORRECT
 SIGNED _____
(Form must be dated and signed to be acceptable to District)

IT IS THE RESPONSIBILITY OF THE OWNER
 OF THE DEVICE TO RETURN THIS FORM.
 NO OTHER FORM WILL BE ACCEPTED. THE
 DEVICE LISTED HEREON IS NOT TO BE
 REMOVED OR RELOCATED WITHOUT THE
 PERMISSION OF THE DISTRICT.